

Board Meeting

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| Chair: | Colleen Nyce | Recorder: | Desa Chipman |
| Board: | <ul style="list-style-type: none">• Ben Sander• Frank Everitt• Maurice Squires• Brian Fehr | <ul style="list-style-type: none">• Edward Stanford• Rosemary Landry• Gaurav Parmar• Stephanie Killam | |
| Executive: | <ul style="list-style-type: none">• Cathy Ulrich• Fraser Bell• Kelly Gunn• Mark De Croos• Steve Raper | <ul style="list-style-type: none">• David Williams• Dr. Ronald Chapman• Penny Anguish• Dr. Sandra Allison• Dr. Helene Smith | |

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 9:35am.

2. Opening Remarks

Chair Nyce welcomed members of the public to the meeting and expressed pleasure at being in Vanderhoof and meeting in Stuart Nechako Manor.

3. Conflict of Interest Declaration

Chair Nyce asked if any Director present had a conflict of interest they wish to declare regarding any business before the Northern Health Board at this meeting.

- There were no conflict of interest declarations made related to the February 19, 2018 Public agenda.

4. Approval of Agenda

Moved by S Killam seconded by G Parmar

The Northern Health Board approves the February 19, 2018 public agenda as presented

5. Approval of Previous Minutes

Moved by G Parmar seconded by F Everitt

The Northern Health Board approves the December 4, 2017 public minutes as presented

6. Business Arising from Previous Minutes

There was no business arising from previous minutes.

7. CEO Report

An overview of the CEO Report was provided with the following topics being highlighted:

- **St John Hospital Flooding** – an update was provided on the recent flooding event that occurred on February 10, 2019. It has been discovered that the likely cause was a hot water heater that had a frozen coil. Due to the maintenance area being on the second floor there was damage to the operating room area on the floor below. The Board will have the opportunity to tour the site following the public meeting. Due to the quick action of management, physicians and staff who were working at the time, the damage was not as severe as it could have been and everyone is to be commended for their quick action. The Board and Executive members will have the opportunity to tour the facility.
- Capital restoration has completed their investigation and the scope of the project has been provided. The contract has been given to Napp Enterprises. The abatement will take approximately 3 weeks and during the initial part a better understanding will be provided for the overall construction process. Some services from the OR will continue as scheduled having been referred out / perinatal – physicians will individually assess the patient to determine if they can still deliver in Vanderhoof (lower risk) – there is an emergency operating centre set up in the trauma area so that there is a space if an urgent issue arose.
- **Celebration of Life:** On Friday January 26, 2018 a Celebration of Life was held for Dr. Bert Kelly who passed away on December 12, 2017. Dr. Kelly had a vision for health care in northern BC. This vision was strategic and comprehensive. And maybe more importantly his vision was situated in what he knew about life in northern BC and what he knew about the experience of people in northern BC and he was patient but relentless in his pursuit of that vision. He cared passionately about his chosen profession. He was an expert clinician who recognized how critical education in the north for the north is to the sustainability of health services. He not only advocated for this education but lived out this commitment in his practice as he supported the education of many students. The North is a better place and we have a better health care system as a result of his life and dedication to his profession.
- **Project Health:** Once a year, St John Hospital hosts local high school students interested in health care professions for a full day. Students are able to have hands on experiences throughout the day. These experiences include such opportunities as observing how x-ray equipment works, using an ultrasound machine, visiting the acute, oncology and emergency departments, having hands on experiences with OT and PT professionals, suturing pig's feet, and visiting the residents of Stuart Nechako Manor. These hands on experiences are an excellent way to encourage students to consider health care professions as a career choice.
- **Opioid Response in the Omineca area:** There is a Local Improvement Team in Vanderhoof focused on substance use issues with representation including the Mayor, Council, a physician, community services staff, RCMP, and the high school Principal. This is an active and engaged team who are focused on prevention and education for youth struggling with mental health and substance use issues. Some of the family practice physicians are also providing a regular medical clinic in the local high school to increase access to services.
- **In Fort St. James,** the primary and community care space planning is progressing well. This project will co-locate physician and nurse practitioner practices with the community services interprofessional team. This redeveloped space will enhance service delivery and access to services in the community and will provide improved space for primary care providers and staff.

7.1. Human Resources Report

An overview of the Human Resources Report was provided for information and discussion with the following topics being highlighted:

- Human Resources is continuously researching and implementing innovative and collaborative workforce planning, recruitment, and retention solutions to meet the goals

- of the Our People priority, assisting the organization in achieving its vision of leading the way in promoting health and providing health services for Northern and rural populations.
- Currently, Human Resources is realigning components of its existing Health Human Resources Planning, Recruitment, and Retention strategies and supports to ensure a cohesive strategy that addresses the unique challenges faced by Northern Health and an ever-changing health care environment. This strategy will consist of clear objectives, associated actions, which will be submitted for Northern Health Board approval by September/October 2018.
 - Northern Health's development of an Integrated Health Human Resources (HHR) Plan, which is occurring in partnership with the Ministry of Health, is well underway. This plan includes forecasts on key professions identified by the province (i.e. nursing and allied health). Over the course of 2017-18, Human Resources Planning and Design, the department responsible for Northern Health's HHR planning, has been refining analysis tools and improving metrics in order to support the organization in more effective workforce planning. Workforce planning will continue at the community level over 2018, and result in a Northern Health-specific HHR plan by the 2018/19 fiscal year end.
 - To ensure a highly-inclusive and collaborative relationship with all of Northern Health's First Nations partners, the Recruitment department has begun initial conversations with the First Nations Health Authority. This collaboration will be a crucial foundational component to Northern Health's recruitment strategy (see below: Recruitment) and its success. Specifically, the Recruitment team is collaborating to:
 - Determine which strategies will resonate with specific communities and their community members
 - Connect directly with members of communities to recruit local talent
 - Ensure Northern Health is becoming more reflective of the communities it serves
 - A multi-disciplinary team of HR professionals is working to refresh Northern Health's Onboarding Program. The new program will be hosted on our e-learning platform, and all new hires will be required to complete the program before their start date. After this program has launched, Northern Health's attention will shift to supporting operations in their review of site-specific orientation programs.
 - To date in fiscal year 2017/18, Northern Health has posted 2135 positions, 83% have been filled by internal staff (existing regular and casual staff) and 8% have been filled externally (qualified applicants from outside of Northern Health). Some unfilled positions are currently in the competition phase. Positions that remain unfilled for more than 90 days become difficult-to-fill vacancies (DTFV). On average, only 5% of approximately 2,100 positions go to DTFV.
 - Casual hires are not reflected in this data. On average, NH hires 1,000 casuals per year, many of these staff successfully bid into permanent, ongoing positions through our internal posting process.
 - To date in fiscal year 2017/18, Northern Health has posted 545 RN positions. 83% have been filled by internal staff and 4% have been filled externally. On average, 8% of RN postings become DTFV.
 - The Board acknowledged the challenge in recruiting to rural and remote communities and commends the Human Resources team for the continued focus in this area.

8. Audit and Finance Committee

8.1. Period 9 Comments & Financial Statements

- Year to date Period 9, Northern Health's (NH) expenses exceeded revenues by \$448,000.
- On base operations, revenues are favourable to budget by \$1.5 million or 0.3% and expenses are unfavourable to budget by \$1.9 million or 0.4%. Budget overage in Acute Care is primarily due to higher than expected patient volumes in a number of acute care facilities. Budget

overage in Long Term Care is primarily due to higher than expected employee sick time and resulting overtime to replace sick staff.

- At this time, Northern Health is forecasting to be in a balanced position on base operations at yearend.

Moved by G Parmar seconded by E Stanford

The Northern Health Board receives the 2017-18 Period 9 financial update as presented.

8.2. Period 9 Capital Expenditure Plan update

- The Northern Health Board approved the 2017-18 capital expenditure plan in February 2017, and amendments in July and December 2017. The updated plan approves total expenditures of \$49.4M, with funding support from the Ministry of Health (\$19M, 39%), Six Regional Hospital Districts (\$18M, 37%), Foundations, Auxiliaries and Other Entities (\$3.5M, 7%), and Northern Health (\$8.5M, 17%).
- The details on the year to date Period 9 (November 30, 2017), \$20.7M that has been spent towards the executive of the plan was outlined in the briefing note.
- In addition to major capital projects, NH receives funding from the Ministry of Health, Regional Hospital Districts, Foundations, and Auxiliaries for minor equipment and projects (less than \$100,000). For 2017-18, it is forecasted that NH will spend \$8.3M on such items.

Moved by B Sander seconded by G Parmar

The Northern Health Board receives the 2017-18 Period 9 capital expenditure plan update, as presented.

9. Performance, Planning & Priorities Committee

9.1. Clinical Program Quality Update: Surgical, Critical Care and Emergency Trauma

- Northern Health has established a number of clinical programs to stimulate and steward planning and quality improvement across the region for the services under their auspices.
- A summary update on the progress and the identified next steps of the Surgical, Critical Care, and Emergency/Trauma Programs' progress in achieving their goals and initiatives was provided. The priorities were highlighted as follows:
- The Surgical Services Program has identified a number of priorities for the 2017/18 fiscal year.
 - Continue to implement recommendations arising from the three-year Surgical Services Program Action Plan.
 - Facilitate continuous quality improvement in prioritized areas:
 - Surgical safety checklist
 - Prevention of Venous Thromboembolism (VTE)
 - Ensure timeliness of hip fracture fixation
 - Reduce percentage of patients waiting 26 weeks or more for elective surgery
 - Plan and steward regional implementation of the Ministry of Health's Accelerated Surgical Services Initiative.
- The Critical Care Services Program has four key priorities for 2017/18:
 - Sepsis management. Improve and maintain the use of the Sepsis Protocol in all Emergency Departments and across facility.
 - Improve Care for Patients experiencing pain, agitation and delirium (PAD) in Intensive Care Units through the development and implementation of leading practice protocols
 - Sustainability Goal: Transfer of Care Documentation. Ensure continued compliance with required documentation to ensure safe and effective transfers of patients between services (within and beyond NH).

- Develop a critical care network as a means to collaborate and share information across the region.
- The Emergency and Trauma Services program has established four broad priorities:
 - Preparation for trauma accreditation through the Accreditation Canada, Trauma Distinction Program in the fall, 2018.
 - Development of an enhanced network of support for rural emergency departments
 - Strengthened relationship between Emergency Services, Primary Care, and Community services.
 - Support improvements in high and low acuity patient transfers in partnership with BC Emergency Health Services.

9.2. Presentation: Transitions in Care through Acute, Community and Primary Care Homes.

Raquel Miles, Community Services Manager, Heather Goretzky, Practice Support Coach, and Dr. Suzanne Campbell, Family Physician in Vanderhoof joined the meeting to provide a presentation on the Transitions in Care through Acute, Community and Primary Care Homes.

- Patient stories were shared to showcase examples of how a team based approach is key in the transitions in care. An overview of the ongoing education and cross training was also provided.
- The Board members appreciated hearing the stories and the details around the work that has transpired and the work that will continue. Chair Nyce acknowledged the effectiveness of the team based approach and thanked the presenters for making themselves available to share this information with the Board.

10. Governance and Management Relations Committee

10.1. Policy Manual BRD 500 Series

The revised policy manual BRD 500 Series was presented to the Board for review and approval.

Moved by G Parmar seconded by R Landry

The Northern Health Board of Directors approves the revised BRD 500 series

10.2. Policy Manual BRD 600 Series

The revised policy manual BRD 600 Series was presented to the Board for review and approval.

Moved by G Parmar seconded by S Killam

The Northern Health Board of Directors approves revised BRD 600 series.

11. Men's Shed Collaboration

A presentation on the Men's Shed Collaboration was provided with Northern Health Life Skills Worker, John Allen along with representatives from the Vanderhoof Men's Shed Executive Board, Gene Mitran, John Aldeliesten, Cliff Irving and John Dunn. The presentation shared the various aspects of the Men's Shed and the role it plays in the community. Appreciation was expressed by the guests to Northern Health for the partnership that has developed.

- The Northern Health Board members commended the work the Men's Shed undertakes within a community and were pleased to see the established partnership with Northern Health staff.

The Board meeting was adjourned at 11:44am
Moved by M Squires

Colleen v Nyce

Colleen Nyce, Chair

Desa Chipman

Desa Chipman, Recording Secretary